



War Fighter Team Challenge Registration Form



Unit: _____

Team Leader

Name: _____ Rank: _____ Sex: _____
(Last, First MI)

Equipment Size: _____
(Kevlar, Chemical Suit, M-40 Pro-Mask, Web Belt)

Team Member

Name: _____ Rank: _____ Sex: _____
(Last, First MI)

Equipment Size: _____
(Kevlar, Chemical Suit, M-40 Pro-Mask, Web Belt)

Team Member

Name: _____ Rank: _____ Sex: _____
(Last, First MI)

Equipment Size: _____
(Kevlar, Chemical Suit, M-40 Pro-Mask, Web Belt)

CSM/1SG POC: _____ Commercial Phone: _____

E-Mail Address: _____

Remarks:
